

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<b>Application Number/Patent Number</b>	09/866, 878/6,826,745
	<b>Filing Date/Issued Date</b>	May 30, 2001/November 30, 2004
	<b>First Named Inventor</b>	John L. Coker
	<b>Title</b>	System and method for smart scripting call centers and configuration thereof
	<b>Art Unit</b>	2122
	<b>Examiner Name</b>	Nguyen BA, Hoang Vu A
	<b>Attorney Docket</b>	021756-061500US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

51206

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
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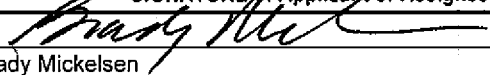
☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on \_\_\_\_\_)

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11/5/08
Name	Brady Mickelsen	Telephone	650-506-5600
Title and Company	Vice President and Assistant Secretary, Siebel Systems, Inc.		

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.